



International Continence Society

August 22-26, 1999

29th Annual Meeting

Denver, Colorado USA

Category No.

Video
Demonstration

Ref. No.

376

Abstract Reproduction Form B-1

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Title (type in
CAPITAL
LETTERS)

MEDULLAR TRAUMATISM. OUR EXPERIENCE IN 45 CASES.

The intense neurological traumatism is usually the direct cause of a severe disability. Some of the causes that have to be mentioned are traffic accidents, industrial accidents, sports accidents or injuries produced by firearms. The main objective of an early treatment is to avoid the damage of the patient's upper urinary system.

Material and method: In this work we analyze 45 cases whose ages vary from 12 and 64, being 13 of them women and the other 32 cases men. In all the cases we carried out an early management of the neurogenic bladder, performing laboratory routine procedures, vesical and renal echography, urine culture and urodynamic study (leak-point) pressure serialized 30 days after the beginning. In 43 cases an intermittent catheterization was carried out 20 days after the neurologic manifestations had started, in the other 2 cases the patients preferred the use of a vesical catheter. The neurologic injuries were: location in cervical spine 6, dorsolumbar 22 and lumbosacral 15.

Results: The early intermittent catheterization has reduced the beginning of urinary infections, being the rate of strictures in the long term very low (2 cases). In all the cases the monitoring was carried out through a renal echography, urodynamic study and laboratory routine test (renal function and culture). The catheterization should be completed with pharmacotherapy in those cases in which it was necessary, and in 2 cases an sphincterotomy had to be done due to the presence of vesico-sphincter dyssynergia. The complications that appeared were hematuria in 6 cases and difficulties in placing of the catheter in 8 cases because of spasticity of the external sphincter, vesical lithiasis in 3 cases. The monitoring varies between 1 and 10 years, carrying out periodic vesical lavage to remove urinary sediments urine cultures, renal echography and renal function.